



Mendocino County Mental Health Community Forum Findings

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Commissioned by

Mendocino County Board of Supervisors
Mendocino County Health & Human Services Agency
Adult & Older Adult System of Care
Children & Family System of Care

Consultant

M. Susan Haun, M.A., Haun & Associates



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Thank you!

On behalf of the Mendocino County Board of Supervisors and the Mendocino County Health & Human Services Agency, thanks to all of the Mental Health Community Forum participants – representatives of city government, hospitals, clinics, law enforcement, the medical community, mental health service providers, community-based organizations, consumers, and family members – that participated in the discussion and that expressed issues, concerns and other solutions for supporting the recovery of mental health clients in the community.



A special thanks to Consolidated Tribal Health Project, Inc., Gualala Community Center, the City of Willits, and the City of Fort Bragg for use of their facilities during the forums; Wynd Novotny for sharing her personal story during the forums; and staff members Dee Pallesen, Karen Rizzolo and Trayce Beards for logistical support.

TABLE OF CONTENTS

Acronyms and Figures	4
Executive Summary	5
Mental Health Services	
Background and Introduction	7
Best Practices For Mental Health Services	7
Mental Health Services Act	8
Local Efforts	8
Mental Health Community Forums	
Purpose of the Forums	10
Methodology	10
Countywide Overview	12
Findings Regionally	
Willits & North County	13
Fort Bragg & North Coast	14
Calpella & Inland County	15
Gualala & South Coast	15
Challenges And Opportunities Moving Forward	16
Appendices	
Appendix A: Willits Community Forum	19
Appendix B: Fort Bragg Community Forum	25
Appendix C: Calpella Community Forum	31
Appendix D: Gualala Community Forum	36

ACRONYMS AND FIGURES

ACRONYM DEFINITION

AODP Alcohol and Other Drug Program
 ASOC Adult System of Care
 CSOC Children’s System of Care
 CSS Community Services and Supports
 CTHP Consolidated Tribal Health Project, Inc.
 ER Emergency Room
 FSP Full Service Partnership
 FTE Full-Time Equivalent
 HHS Health & Human Services Agency
 HIPAA Health Insurance Portability and Accountability Act
 HMH Howard Memorial Hospital
 HOPE Homeless Outreach Prevention Expansion
 HPRRP Homeless Prevention & Rapid Rehousing Program
 IACMT Inter Agency Case Management Team
 MCC Mendocino Coast Clinics, Inc.
 MCDH Mendocino Coast District Hospital
 MCHC Mendocino Community Health Clinics
 MCMHB Mendocino County Mental Health Branch
 MHB Mental Health Board
 MHSA Mental Health Services Act
 NAMI National Alliance on Mental Illness
 OASOC Older Adult System of Care
 PEI Prevention & Early Intervention
 PHF Psychiatric Housing Facility
 RCMS Redwood Coast Medical Services
 TAY Transition Age Youth
 TSOC Transition Age Youth System of Care
 UCC Ukiah Community Center
 UPD Ukiah Police Department
 UVMC Ukiah Valley Medical Center
 WET Workforce Education & Training
 WPD Willits Police Department

FIGURES

1. Map of Mendocino County

EXECUTIVE SUMMARY

Four community forums were held in December 2009 to gather public input about the delivery of mental health services in Mendocino County. The forums were conducted at the request of the Mendocino County Board of Supervisors and were held in Calpella, Willits, Fort Bragg and Gualala. The forums were hosted by the Mendocino County Health & Human Services Agency.

Anyone interested in mental health services was invited to participate. Those who attended consisted of more than 90 community leaders, mental health service providers, consumers, family members and other stakeholders.

Mental Health; third, to address questions, and identify issues and concerns regarding the delivery of mental health services in Mendocino County; and fourth, to identify additional community options for partnerships, ways of working, and/or other solutions that will support the recovery of mental health clients in the community.

A qualitative analysis of the comments shared verbally during the forums and those provided in writing during and/or subsequent to the forums was conducted and is provided in this report.

COUNTYWIDE SUMMARY

Key issues and concerns raised during the Mental Health Community Forums combined were as follows:

- The cost of out-of-county placements, and the need for in-county hospitalization options and psych beds;
- Limited crisis intervention (psychiatric emergency services), as well as on-call staff, and the resulting burden it places on Emergency Room staff and Law Enforcement personnel;
- Incarceration of the mentally ill;
- Housing – especially Board and Care, supported living facilities and transitional housing in each community;
- The importance of Peer Support/Volunteers in mental health recovery and the need to collaborate with law enforcement and the hospitals during crisis response;

Figure 1. Map of Mendocino County.



The purpose of the forums was four-fold: first, to provide a report of the budget shortfalls impacting mental health services; second, to communicate steps that have been taken and those currently being taken to mitigate the financial deficits within

- The need for Drop-in/Recovery Centers in each region; and
- The need to expand Homeless Services, to ensure a Homeless Shelter in each region, and enhance outreach to the homeless in each community.

For a more detailed breakdown of the key issues/concerns countywide, as well as regionally, please see pp. 12-15.

NEXT STEPS

The most significant challenge to the mental health services delivery system in Mendocino County is the decline in recent years in realignment funding and the MediCal Managed Care allocation, and the projected decline over the next couple of years in these same funding streams, as well as with the MHSA funding.

Unfortunately, these budget constraints will continue to impact the Mental Health Branch's ability to provide services, particularly in the most remote geographic areas of Mendocino County.

Nonetheless, various issues raised during the Mental Health Community Forums are in the process of being addressed through various Systems of Care and MHSA Community Work Groups. A partial list of these issues follows:¹

- Developing local capacity for psych beds or a partnership with an adjacent county;
- Local crisis housing;
- Funding for Board and Care, supportive living and transition housing;

- Centralized intake in-person and by-phone with the Mental Health Access Team;
- A First Responder Training for law enforcement and hospital crisis response staff;
- An expansion of PEI to include supportive housing and intensive case management to youth experiencing a first psychosis, and culturally effective screening;
- Integration of AOD/MH co-occurring issues through case conferencing and weekly planning meetings; and
- Community education regarding mental illness and the resources available in each community.

Input on moving these areas forward, as well as strategies to address any remaining issues (e.g., having a Drop-in/Recovery Center in each region) will be solicited through the MHSA Community Work Groups for prioritization and Board of Supervisor approval. The general public is invited to participate in any of these forums and can find more information at www.co.mendocino.ca.us/hhsa/mhsa.



¹ A comprehensive list is provided on pp. 16-17.

MENTAL HEALTH SERVICES

BACKGROUND AND INTRODUCTION

The Mendocino County Mental Health Branch, along with other California county mental health departments, has suffered significant budget shortfalls in recent years. Declines in realignment funding and the MediCal Managed Care allocation combined have resulted in a projected \$1 million shortfall for the Mental Health Branch for the 2009/10 fiscal year alone.

These same funding streams are projected to decline further during the 2010/11 and 2011/12 fiscal years, as is the Mental Health Services Act funding. Simultaneously, operating costs continue to rise, with adult placement costs being among the most significant of these increasing costs.

While steps have been taken to mitigate the budget deficits – including reducing adult out-of-county placements, reducing late night shift hours for Psychiatric Emergency Services (PES), salary savings as a result of voluntary/mandatory time off and staff vacancies, and eliminating non-mandated and unfunded services – additional strategies are needed to offset the projected deficits for 2010/11 and beyond, and to ensure the provision of critical services to people suffering from severe/persistent mental illness.

Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities.

Resilience means the personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses – and to go on with life with a sense of mastery, competence, and hope.

President's New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America

BEST PRACTICES IN MENTAL HEALTH SERVICES

A recovery-oriented mental health system embraces the following values:²

1. Self-Determination: Active client/family engagement in care and personal decisions that promote recovery.

2. Empowering Relationships: Persons identified by the consumer as either family members or significant others who provide the necessary support for recovery. Friends, colleagues and other persons who provide the common understanding of issues and experiences

impacting recovery.

3. Meaningful Roles in Society: Meaningful employment or activity that provides psychological benefits, positively impacting the recovery process. Activities and resources provided by the community to maintain

² Mendocino County Mental Health, Mental Health Services Act: At-A-Glance, February 21, 2007.

consumers' social integration and affiliation with community.

- 4. Eliminating Stigma and Discrimination:** Stereotypes associated with mental illness that hinder and/or negatively impact the recovery process. Ability to make contact with various people and places; use products, services and technologies that promote recovery.

In line with these values, a continuum of services – i.e., a “system of care” provided by a partnership of service providers, families, and others – includes the following:

- **Prevention Services**
- **Early Intervention Services**
- **Crisis Intervention Services** (onsite and mobile in the community)
- **Inpatient Acute Care**
- **Rehabilitation Services** (facility and community based)
- **Basic Treatment Services** (community based)
- **Specialized Treatment Services** (outpatient and community)
- **Sustain and Support Services** (broad base of community supports for clients who may or may not be currently in active treatment).

MENTAL HEALTH SERVICES ACT³

In 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA mandates a change in

the manner in which public mental health services are delivered in California, and provides increased funding to transform and support county mental health programs that provide client and family member driven "recovery and resiliency" mental health services to children (and their families), transitional age youth, adults and older adults. The Act is funded through an annual 1 percent tax on income in excess of \$1 million to fund county mental health programs consistent with local county approved plans that include broad-based community involvement including mental health service consumers and family members of consumers.

The MHSA includes six components for which funding is provided: Community Planning, Community Services & Supports Plan (CSS), Capital Facilities and Information Technology, Workforce Education & Training Programs (WET), Prevention & Early Intervention Programs (PEI), and Innovative Programs. Within these components funding is also available for Full Service Partnerships (FSPs) and Capital Facilities.

LOCAL EFFORTS

Mental Health Board. Under Welfare & Institutions Code Section 5600, each County is required to have a Mental Health Board (MHB) or Commission. The MHB is made up of mental health clients, family members of clients, and members of the general public, as well as a County Supervisor. The intent of the MHB is to ensure public and consumer input regarding county mental health services.

³ Mendocino County Mental Health, Mental Health Services Act: At-A-Glance, February 21, 2007.

Adult and Older Adult System of Care. The Adult System of Care (ASOC) works with existing multi-disciplinary teams that already convene around housing, homelessness, vocational services, clinic issues, substance abuse treatment and law enforcement-related issues.

The Older Adult System of Care (OASOC) builds individual, organizational, and community capacity through a planned program of education on geriatric mental health issues, managed by a full-time coordinator with guidance from a Core Oversight Team comprising representatives from participating county agencies and non-profit organizations. The Core Oversight Team meets regularly to provide direct program governance and oversight, track program objectives, help plan staff trainings, and ensure continuous program improvement based upon analysis of program data and client surveys. Clinical services are provided by mental health professionals and coordinated by personal support coordinators.

Children and Family System of Care. The Children's System of Care (CSOC) Cabinet, a collaborative including Mental Health Social Services, Alcohol and Other Drug Program, Community Health, Education, Probation, and Redwood Coast Regional Center representatives, meets monthly to review utilization and outcomes for current grant programs, and consider proposals for programs to address gaps in services. Recently, the Cabinet has added the transitional aged young adult (TAY) population. This has supported continuing

services to youth who have established relationships with clinicians and support staff from CSOC.

Through MHSAs funding and working with community partners and the Arbor on Main Resource Center, young adults receive wraparound services to support their transition to adult independence. Early and intense case management with the youth and their family holds the most promise for recovery and avoidance of long-term restrictive placements.

MHSA funding also supports services for 0-5 year olds. By using this funding for children without insurance or MediCal, therapeutic services are provided to any child assessed as needing the services.

MHSA funding also expanded Parent Partner support, located in several of Mendocino County's rural family resource centers, expanding outreach to the Latino and Native American communities.

MHSA Community Work Groups. In addition to the ASOC, OASOC and CSOC stakeholder groups, there are 5 MHSA issue-specific community work groups that meet regularly:

- 1. Workforce Education & Training**
- 2. Prevention & Early Intervention Program**
- 3. Housing**
- 4. Capital Facilities & Technology**
- 5. Innovation**

For more information on each of these work groups, please visit www.co.mendocino.ca.us/hhsa/mhsa.htm.

MENTAL HEALTH COMMUNITY FORUMS

Four community forums were held in December 2009 to gather public input about the delivery of mental health services in Mendocino County. The forums were conducted at the request of the Mendocino County Board of Supervisors and were held in Calpella, Willits, Fort Bragg, and Gualala (Supervisory Districts 1 & 2, 3, 4 and 5, respectively). The forums were hosted by the Mendocino County Health & Human Services Agency.

PURPOSE OF THE FORUMS

The purpose of the forums was four-fold: first, to provide a report of the budget shortfalls impacting mental health services; second, to communicate steps that have been taken and those currently being taken to mitigate the financial deficits within Mental Health; third, to address questions, and identify issues and concerns regarding the delivery of mental health services in Mendocino County; and fourth, to identify additional community options for partnerships, ways of working, and/or other solutions that will support the recovery of mental health clients in the community.



METHODOLOGY

Target Audience. The forums were open to anyone interested in the delivery of mental health services. In addition to conducting broad outreach through countywide and community-specific print and radio public service announcements, flyers were distributed through the Mental Health Board members, mental health service providers, and community-based organizations. In addition, a total of 75 personal letters of invitation were sent to

community leaders countywide. As a result, a cross-section of more than 90 community leaders and stakeholders – elected officials, city government, law enforcement, hospitals, clinics, mental health service providers, community-

based organizations, consumers and family members – participated in the forums.

Procedure. The structure and sequence of events for the forums included:

- ▶ A presentation by Children & Family System of Care Director, Mary Elliott, regarding the fiscal challenges and steps already being taken to address the budget shortfalls;

- ▶ A presentation by Adult & Older Adult System of Care Director, Susan Era, regarding mandated services, current services within the systems of care and unmet needs;
- ▶ A personal story by Wynd Novotny, the Mental Health Services Act Consumer Empowerment Coordinator and a family member of a person in mental health recovery; and
- ▶ A large-group discussion facilitated by Sue Haun, Haun & Associates, focusing on addressing questions, and identifying issues, concerns and possible strategies for supporting the recovery of mental health clients in the community.

Answers to the following questions were solicited:

- *How can we build capacity in the community?*
- *How can we support mental health recovery in the community?*
- *What local assets exist or what can you offer? and*
- *What can the County do?*

At each forum, participant comments during the discussion were captured on easel paper. Participants were also encouraged to submit additional comments in writing during the forum via Comment Forms and Evaluation forms. Individuals not able to attend were invited to send



comments via email. All such comments were sent directly to the consultant-facilitator and are compiled in the report of each forum provided in the Appendices of this report.

A qualitative analysis of the comments shared verbally during the forums and those provided in writing during and/or subsequent to the forums was conducted and is provided in this report summarized countywide, as well as regionally.

Limitations. The data gathered during the community forums is limited to the perception and opinions of those present and is not necessarily a comprehensive representation of all issues, concerns or potential strategies. Key partners include law enforcement – which was not present at the Calpella and Gualala community forums – and Hospitals/Emergency Room representatives. Hospital representatives from the Ukiah area participated in the Willits forum, rather than the Calpella forum, during which emergency room-related issues were not otherwise raised.

COUNTYWIDE OVERVIEW

Across the four Mental Health Community Forums in Mendocino County, consumers, mental health service providers, law enforcement, hospitals, clinics, and family members shared various perspectives, issues and concerns regarding the mental health service delivery system in Mendocino County. This section of the report provides a synopsis of the issues and themes in the aggregate. The information is organized into seven service areas that emerged as a result of the discussion: Acute Services (community-based), Crisis Response Services (community-based), Community Supports/Resources (home and community-based), Discrimination & Stigma Reduction, Co-occurring Issues, Legislative Advocacy, Miscellaneous / Other Issues. The community issues and concerns are listed within each of these service areas.

Acute Services (community-based)

- The cost of out-of-county placements, the need for in-county hospitalization and treatment options/psych beds beyond 1 day, as well as crisis prevention services

Crisis Response Services (community-based)

- Limited crisis intervention (Psychiatric Emergency Services) countywide and regionally, as well as on-call staff for crisis response, and the need for 24/7 crisis services
- The burden on hospital Emergency Room staff and the need for trained volunteers to help in a crisis
- The burden on law enforcement and the need for a method to efficiently identify/assess mental illness or mental illness with co-occurring issues
- Incarceration of mentally ill and lack of trained jail personnel conducting assessments

Community Supports/Resources (home and community-based)

- Limited crisis stabilization services countywide and regionally, and the need for a safe space with a shower and washer/dryer
- Limited case management and continuous treatment plans available and provided equitably in all communities
- Housing – especially Board and Care, supported living facilities, transitional housing, and affordable housing in each community for clients, with supports
- The importance of Peer Support/Volunteers in mental health recovery and the need to collaborate with law enforcement and the hospitals during crisis response
- The value of Manzanita/Healing Hearts, the need for expanded hours of operation, and the need for Drop-in/Recovery Centers in each region, expanding services to include a “warm line,” and vocational rehabilitation
- The increase in homelessness; the need for expanded homeless services, a shelter in the North County and other options in the Ukiah Valley when the shelter is closed, and enhanced outreach to the homeless in each community

Discrimination & Stigma Reduction

- The importance of changing the view of mental illness from a deficit/disease oriented model to a recovery-oriented system
- The need for public education and outreach

Co-occurring Issues

- Integrate mental health and alcohol and other drugs to reduce incarceration and aid recovery

Legislative Advocacy

- Lack of parity in the House/Senate health care bills for mental health services and limited Mendocino County presence in state legislation
- Include mental health as a health care issue in Health Care Reform discussions

Miscellaneous / Other Issues

- Determine what is cost-effective
- How to involve more youth in system planning and client plans
- Loss of programs/services that have been cut due to budget constraints (e.g., sitters at the hospital, community unity promotion, peer support training, vocational programs, etc.)

FINDINGS REGIONALLY

While the **COUNTYWIDE OVERVIEW** presents a comprehensive view of the issues and concerns expressed during the Mental Health Community Forums; the regional analysis portrays the unique emphasis of the discussion at each forum. The community issues and concerns are provided immediately below.

The **WILLITS & NORTH COUNTY** community issues and concerns were:

- The cost of out-of-county placements and need for in-county hospitalization options/psych beds beyond 1 day
- Limited crisis intervention (Psychiatric Emergency Services), as well as on-call staff and the need for 24/7 crisis services
- The burden on hospital Emergency Room staff and the need for trained volunteers to help in a crisis

- The burden on law enforcement and the need for a method to efficiently identify/assess mental illness or mental illness with co-occurring issues
- Incarceration of the mentally ill
- Limited crisis stabilization services and the need for a safe space with a shower and washer/dryer
- Limited case management
- Housing – especially Board and Care, supported living facilities and transitional housing
- The importance of Peer Support/Volunteers in mental health recovery and the need to collaborate with law enforcement and the hospitals during crisis response
- The value of having the Manzanita/Healing Hearts Drop-in/Recovery Centers in Willits and the need for expanded hours
- The need for expanded Homeless Services in Willits, a shelter is needed in the North County, as is more outreach to the homeless
- Integrate mental health, and alcohol and other drugs to reduce incarceration and aid recovery
- Lack of parity in the House/Senate health care bills for mental health services
- How to involve youth
- Loss of programs/services that have been cut (e.g., sitters at the hospital, community unity promotion, peer support training, etc.)

The **FORT BRAGG & NORTH COAST** community issues and concerns were:

- The cost of out-of-county placements and need for in-county hospitalization options/psych beds beyond 1 day
- Limited crisis intervention (Psychiatric Emergency Services), as well as on-call staff for crisis response
- The burden on hospital Emergency Room staff
- The burden on law enforcement
- Incarceration of the mentally ill
- Limited crisis stabilization services
- Case management and continuous treatment plans available provided equitably in on the coast
- Housing – especially Board and Care, supported living facilities and transitional housing on the North Coast
- The importance of Peer Support/Volunteers in mental health recovery and the need to collaborate with law enforcement and the hospitals during crisis response
- Increase in homelessness and the need to expand homeless services and outreach to the homeless
- Integrate mental health, and alcohol and other drugs services to reduce incarceration and aid recovery

- Parity in the House/Senate health care bills for mental health services, and limited Mendocino County presence in state legislation

The **CALPELLA & INLAND COUNTY** community issues and concerns were:

- The cost of out-of-county placements and need for in-county hospitalization options/psych beds beyond 1 day, as well as crisis prevention services
- Limited crisis intervention (Psychiatric Emergency Services), as well as on-call staff and the need for 24/7 crisis services
- The burden on hospital Emergency Room staff and the need for trained volunteers to help in a crisis (discussed at the Willits Mental Health Community Forum)
- The burden on law enforcement and the need for a method to efficiently identify/assess mental illness or mental illness with co-occurring issues
- Incarceration of the mentally ill and lack of trained jail personnel conducting assessments
- Housing – especially Board and Care, supported living facilities and affordable housing for clients with supports
- The importance of Peer Support/Volunteers in mental health recovery and the need to collaborate with law enforcement and the hospitals during crisis response
- The need for Drop-In / Recovery Center services to include a “warm line,” as well as vocational rehabilitation and expanded hours of operation at Manzanita/Healing Hearts.
- Need for expanded homeless services in the Ukiah area, more options for homeless people when the shelter is closed, and more outreach to the homeless
- Public education, forums, and training to reduce discrimination of mental illness and related stigma

The **GUALALA & SOUTH COAST** community issues and concerns were:

- The cost of out-of-county placements and the need for in-county hospitalization options/psych beds beyond 1 day
- The need for training of local providers and additional Peer Support/Volunteers
- The need for a local Drop-In / Recovery Center that can serve as a hub for services
- Public education and outreach coordinated through local CBOs

The findings identified in this report highlight numerous challenges in communities throughout the County, which require creative, innovative and collaborative approaches across systems responsible for the mental health system of care. These challenges, as well as opportunities moving forward, are enumerated in the next section of this report.

CHALLENGES AND OPPORTUNITIES MOVING FORWARD

As previously indicated, the most significant challenge to the mental health services delivery system in Mendocino County is the decline in recent years in realignment funding and the MediCal Managed Care allocation, and the projected decline over the next couple of years in these same funding streams, as well as with the MHSA funding. Unfortunately, these budget constraints will continue to impact the Mental Health Branch's ability to provide services, particularly in the most remote geographic areas of Mendocino County.

Nonetheless, various issues raised during the Mental Health Community Forums are in the process of being addressed through various MHSA Community Work Groups. These are as follows:

- Crisis services in each geographic area.
- Developing local capacity for psych beds through local hospitals or a partnership with an adjacent county.
- Resources for short-term, local crisis housing funding are being explored.
- Funding for Board and Care, supportive living and transition housing is currently being sought.
- Centralized intake in-person or by-phone for all adult clients with the Mental Health Access Team, whether

the client is receiving inpatient or outpatient services, was implemented January 1, 2010.

- To address issues faced by law enforcement and hospital emergency room staff, a First Responder Training is currently in the planning stages under the auspices of WET.
- Reducing the incarceration of the mentally ill in partnership with the Mendocino County Sheriff's Office.
- MHSA's Prevention and Early Intervention (PEI) Plan, once approved, will expand the Transitional Aged Youth (TAY) System of Care to provide supportive housing and intensive case management to youth experiencing a first psychosis. This plan includes funding to educate the community regarding the early signs of mental illness to support access to services prior to hospitalization. It also includes funding to provide culturally effective screening and supports to 2 high-risk school campuses.
- The Systems of Care are currently focusing on integration of AOD/MH co-occurring issues through case conferencing and weekly planning meetings.

- Community education regarding mental illness and the resources available in each community.

- Enhancing community and youth participation in the Work Groups or other available Systems of Care forums.

Input on moving these areas forward will be solicited through the MHSA Community Work Groups and subject to approval by the Board of Supervisors.

The remaining issues identified include the following:

- Enhancing the use of Peer Support in crisis response;
- Having a Drop-in/Recovery Center in each region;
- Expanding homeless outreach services countywide; and



Input regarding these issues will be solicited through the MHSA Community Work Groups for prioritization and possible implementation strategies. Implementation strategies will be subject to the approval of the Board of Supervisors.

The general public is invited to participate in any of the Community Work Groups or other available forums and can find more information about various groups, as

well as meeting schedules, at www.co.mendocino.ca.us/hhsa/mhsa.

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APPENDICES

Appendix A

MENTAL HEALTH COMMUNITY FORUM - WILLITS

Wednesday, December 2, 2009 – Willits City Council Chambers

BACKGROUND AND METHODOLOGY

This Community Forum was one of four forums conducted in Mendocino County during December 2009 at the request of the Mendocino County Board of Supervisors. The agenda included a presentation of the current fiscal situation facing mental health services, the steps already being taken to mitigate the financial deficit within Mental Health Services, mandated services, and services currently being provided countywide. The discussion focused on addressing participant questions and identifying other options to support the recovery of mental health clients in the community. A total of 32 individuals – representing city government, hospitals, clinics, law enforcement, the medical community, mental health service providers, community-based organizations, consumers, and family members – participated in the Willits Community Forum. A summary of the issues, concerns and suggestions shared during the discussion, analyzed into theme areas, follows.

DISCUSSION

Theme/Subtheme	Participant Comments (i.e., Concerns, Issues, and Suggestions)
Hospitalization & Out-of-County Placements	<ul style="list-style-type: none"> • Out-of-county hospitalizations are difficult. It is a burden on families to have family members hospitalized out of county; it makes a bad situation worse; it isolates the client and exacerbates the situation. Can hospitals collaborate to make beds available? Suggest that the County pay for in-county beds on a contract basis instead of an out-of-county provider. • Currently, there are 7-8 out of county placements in an “acute” hospital. There are 3 “acute” hospitals in Mendocino County; none have a psych license. • Placements out-of-county for acute services. • Reducing out-of-county placement frees up funding to use locally that can be used for a crisis facility/psychiatric beds (realignment money).
In-County Hospitalization & Psych Beds	<ul style="list-style-type: none"> • The cost of adding a 7-8 bed unit is too high. The only way it could work is with volunteers. 24-hour psychiatric nursing = 4.5 FTEs = \$500,000 per year. Where would this funding come from? Who is going to pay for in-county beds? Hospitals can’t afford it. We are paying out of county; spend money in county instead. • Cost to open a 7-bed mental health unit is prohibitive for any Mendocino County hospital (to meet all of the regulations). • Why do plans for new hospital not include a psychiatric unit/psychiatric nurse? A: Countywide discussions (including law enforcement) regarding pooling resources for psychiatric care and housing have occurred; no good solution. HMM has limits on bed capacity due to funding restrictions

Theme/Subtheme	Participant Comments (i.e., Concerns, Issues, and Suggestions)
	<p>and must be fiscally responsible in building the new hospital.</p> <ul style="list-style-type: none"> • Can we collaboratively come up with a countywide solution? A: Still looking. • Psych Department at Emergency Room has a couple of beds, which saves on out-of-county hospitalizations. Beds are only for short, 1-day, stays. • Can we return to the 24/7 crisis services center model where people could go for any level of care (evaluation, to talk to someone, just a place to go)? The loss of the center in Ukiah (the 24/7 unit) has been a huge loss. A: Yes, this is an unmet need. It is a top priority (along with housing) to provide in EACH geographic area. Difficult with today's limited funding. There are emergency beds available in Ukiah (1 crisis bed) and on the coast (2 crisis beds), but they do not meet the need. The hospitals have been receptive; it's a challenging issue to address. • The Crisis Services Unit closure was a huge loss. Family member and consumer input will be needed when we get back to this, but it cannot be done now because of funding. • The 24/7 unit (the Psychiatric Housing Facility – PHF – Unit) was unsustainable because it cost the county too much money to operate. • Are in-county crisis beds contracted? A: Yes, in Fort Bragg; they utilize peer/volunteer support as "sitters." • Dual-diagnosis group home started with a grant. Low housing prices may make this possible now. Many regulations for hospital make the new building very expensive. Can a house be a crisis facility?
Emergency Room & Crisis Response	<ul style="list-style-type: none"> • Who can be called to help with mental health client in the Howard Memorial Hospital Emergency Room? It is difficult to be there with no one to talk to. A: Day shift mental health crisis staff are available in Willits. • Can hospital utilize peer support? A: Yes, Mental Health would like to support this. • HMM staff cannot always provide all services they would like to. HMM is interested in trained volunteers who can help in a crisis. Peer support would be helpful. Emergency Room staff may not have psychiatric training. • A sympathetic ear and calming presence in the ER, provided by a peer, could be very helpful. • Howard Hospital has had some problems with mental health, but things have gotten a lot better in recent months thanks to the work done by the entire Mental Health team.
Law Enforcement: Crisis Response Criminal Justice System / Mental Health Court	<p>Crisis Response</p> <ul style="list-style-type: none"> • When law enforcement responds to crisis, will WPD take the client to the Emergency Room? Chief Gonzalez stated that Willits Police Department supports Mental Health Services; although it is not always a good use of law enforcement and hospital resources.

Theme/Subtheme	Participant Comments (i.e., Concerns, Issues, and Suggestions)
First Responder Training Other Training	<ul style="list-style-type: none"> • May work for some incidents but there is no “universal workbook.” Dialogue with hospital and mental health raises HIPAA issues. • No medications are allowed in jail. • Unfortunately, a sad situation. There is a conflict between our public agencies because we can’t provide service; solutions are political. • Should honor Peer Support volunteers; successful in improving recovery. Peer Recovery Centers - people helping other people. • Ability to share information is critical: Law Enforcement to Mental Health to Hospital. Need to find a better way to communicate; a cost effective solution that is also better for the patient. • For the Police and Sheriff sometimes incarceration is the only option. May transport to Emergency Department to wait for Mental Health staff. But, depending on client behavior, client may be taken to jail. This is not a desirable situation for jail staff and is made on a case by case basis depending upon what is causing the problem: Mental illness? Drugs? ER will do blood test. Police and Mental Health don’t always get along when the Police feel Mental Health isn’t responding as they should. • Police and Mental Health collaborate to make decisions about how to respond. ER staff may not be prepared to handle the client. The Officer needs to stay at the ER. Police discuss concerns with Susan Era and mental health staff in an effort to work together and to improve the system. • Violence when manic is “not me.” Police had every right to remove me because of violence against my husband. No meds while in jail then; they do now. Recent episode, husband was removed. • Staff are well-meaning. We don’t always get along due to lack of resources. Federal policies and endless wars impact our local resources. Services are underfunded. Funding has been decimated. Ultimate solutions are political. • Utilize peer support specialists in crisis response with law enforcement. Officers have trouble managing another person on-scene (peer) during a crisis. Police need to maintain a controlled environment. Interested in seeing a model where peer response is safe and effective.
	Criminal Justice System / Mental Health Court
	<ul style="list-style-type: none"> • The incidence of people with mental illness being incarcerated is reducing (according to recent statistics provided by the Mendocino County Sheriff’s Office). Is this true with all law enforcement agencies? Willits Police Chief Jerry Gonzalez stated that only serious incidents result in incarceration; it is a last resort if there is any choice. Decisions are made on a case-by-case basis; law enforcement has to try to determine if it is a law enforcement issue vs. substance abuse vs. mental illness, which is sometimes difficult for law enforcement to determine. It can become a criminal issue very fast due to lack of service, the needs of law enforcement, and needs of the hospital. Sometimes the individual is

Theme/Subtheme	Participant Comments (i.e., Concerns, Issues, and Suggestions)
	<p>triaged then sent to jail.</p> <ul style="list-style-type: none"> • Mental Health Court deals specifically with Mental Health incidents and gets mental health clients out of county jail; it needs an advocate. • The court system/jail (e.g., judges, public defenders) is not prepared to deal with offenders with mental illness. • 5 months in jail to qualify for particular funding. Some judges are interested in Mental Health Court. Need coordination with HHS and Sheriff's Department; it needs a lead. • Willits Police Department is in favor of a Mental Health Court. <hr/> <p>First Responder Training</p> <ul style="list-style-type: none"> • First Responder – use Peer Support Specialist. Chief Gonzalez feels it may be appropriate once the situation is stabilized; has to look at the liability. <hr/> <p>Other Training</p> <ul style="list-style-type: none"> • Could a program train families how to better respond and assist when police respond to crisis call? Family could give officer information (written) on how to best work with client. Information can be helpful at times, there may not be time to read it. Training officers is difficult because every situation is different.
Crisis Stabilization / PES	<ul style="list-style-type: none"> • Written comment: Crisis safe space – including showers, washer/dryer, food, etc.
Housing Residential Programs (Supported Living) – Housing First Model Transitional Housing	<p>Residential Programs (Supported Living) – Housing First Model</p> <ul style="list-style-type: none"> • Priority – reducing numbers of clients placed out-of-county. Focusing on bringing them home. Master Lease program for clients at Board and Care level – we're looking for houses to rent; any ideas? Call Susan Era to recommend available rentals. We are looking for houses MC can lease to establish Mental Health housing. • Limit on number of residents without special use permit. <hr/> <p>Transitional Housing</p> <ul style="list-style-type: none"> • Written comment: Housing clusters, partnerships, farms, ranches.
Peer Support / Volunteers	<ul style="list-style-type: none"> • Peer Support is so crucial at all levels. Please open the doors for us to be of support. • Peer Support people are trained as Peer Support Specialists (PSS). We are interested in whatever training is necessary to be able to assist our peers to keep them safe and from harm.
Drop-In / Recovery Center	<ul style="list-style-type: none"> • Manzanita – Peer Support Model. People who can devote time; keeping people out of hospitals and jail. SSI support. Stabilization; seeing more homeless clients. Methamphetamine awareness classes. • Manzanita Healing Hearts – high budget; maybe not enough staff/volunteers to maintain; valuable in the community. • Red House – giving client's opportunity to get out; programs open on coast different hours, a place to go.

Theme/Subtheme	Participant Comments (i.e., Concerns, Issues, and Suggestions)
	<ul style="list-style-type: none"> • Communities need to support placement of Mental Health housing in their neighborhoods in order for it to be successful. Manzanita/Healing Hearts has had positive experiences in their neighborhood (as a Drop In and Recovery Center). Neighbors see them as a “big family.” There were fears, but mutual respect was helpful. • Written comment: Hub – office, switchboard, phone tree, staff (support, activities, meeting space, classes, socials, library, lounge, and kitchen).
Homeless Services, Homeless Shelter & Outreach to Homeless	<p>Homeless Services</p> <ul style="list-style-type: none"> • In regards to Willits, there is still a great need for homeless services here. In particular, a shelter and more transitional housing (also see comment under Homeless Shelter below). <p>Homeless Shelter</p> <ul style="list-style-type: none"> • Homelessness is getting worse because of economic issues. Why can’t we get a shelter in North County? Need a place for people to stabilize and work towards transitional housing. Finding properties available for this. • In regards to Willits, there is still a great need for homeless services here. In particular, a shelter and more transitional housing. <p>Outreach To Homeless</p> <ul style="list-style-type: none"> • Homelessness may involve issues with mental health. • Placing Mental Health Outreach Specialists in local clinics is crucial in the success of providing services (e.g., Robb Henderson at MCHC has been valuable); connections to Manzanita, referrals to psychiatrist, and increased effectiveness of clinic services.
Co-occurring Issues – Integration of MH & AOD	<ul style="list-style-type: none"> • Mental Health serving clients with serious mental illness. AODP (Alcohol and Other Drug Programs) has trouble getting clients in to Mental Health that have co-occurring disorders. • Starting Jan. 1, 2010, all clients come through the MH Access Team Screen to determine best level/source of care. Screening is done by phone and in person. Can call an 800 number for assessment.
Legislative Advocacy	<ul style="list-style-type: none"> • Is there parity in House/Senate health care bills for Mental Health services? A: Legislation may be coming that will provide funding/services. Bills need to include Mental Health care as health care, i.e., treatment for the whole person.
Other Issues / Miscellaneous:	<ul style="list-style-type: none"> • How do we clear pathways between services that work well, save money and don’t cost a lot? • Even if Mental Health can’t take client, health clinic or grant program may be available. (MediCal may not be required.) • Adult Services budget for the Mental Health Services Act (MHSA) includes 5 full-time positions at \$136,000 each = \$600,000 total; it seems excessive in times like this. Can amount being spent be reviewed? • Not enough young people here participating. How can we get more

Theme/Subtheme	Participant Comments (i.e., Concerns, Issues, and Suggestions)
	<p>youth involved?</p> <ul style="list-style-type: none"> • How to get SSI? • Written comment: give back projects with larger community (sitters at hospitals, community unity promotion, peer support training, nutrition and cooking, life skills/resources, literacy, crisis response with police, gardening / food production, litter / graffiti removal, county marijuana gardens, field trips, First Aid / CPR training) and community outreach/education (Chamber of Commerce, Peer Counselors, High Schools, Churches, Tribes, Hospitals and Clinics, Hospice, Willits Economic Localization, Radio, Gleaners, Boy Scouts, Girl Scouts, Lions, Kiwanis, Frontier Days, newspaper articles, libraries, senior centers, jail or jury, food banks).
Verbal & Written Comments: What would you like to see happen next?	<ul style="list-style-type: none"> • Would like to see something concrete come from these meetings. • Report sent out by email to stakeholders (web wing at Manzanita, also on PeerEmpower.org). • National Association of Mental Illness (NAMI) has an email list to distribute report from this meeting. • These meetings can be frustrating. What is done with this information? What are the next steps? Hopefully, this results in positive changes for clients. • Agency collaboration and information sharing. Saves money and improves quality of service for patient (eliminates duplication). • Knowledge of patient history, diagnosis, medications. • There are currently vacancies on the Mental Health Board. Interested individuals are encouraged to apply. • Since funds are dwindling everywhere, we need to collaborate as much as possible. This also needs more open communication often!

NEXT STEPS

The results of this forum, combined with the results of the other forums, will be analyzed for commonalities or themes. This information will be used as the basis for agreeing on changes to the delivery of mental health services.

Appendix B

MENTAL HEALTH COMMUNITY FORUM – FORT BRAGG

Thursday, December 3, 2009 – Fort Bragg Town Hall

BACKGROUND AND METHODOLOGY

This Community Forum was one of four forums conducted in Mendocino County during December 2009 at the request of the Mendocino County Board of Supervisors. The agenda included a presentation of the current fiscal situation facing mental health services, the steps already being taken to mitigate the financial deficit within Mental Health Services, mandated services, and services currently being provided countywide. The discussion focused on addressing participant questions and identifying other options to support the recovery of mental health clients in the community. A total of 22 individuals – representing city government, hospitals, clinics, law enforcement, the medical community, mental health service providers, community-based organizations, consumers, and family members – participated in the Fort Bragg Community Forum. A summary of the issues, concerns and suggestions shared during the discussion, analyzed into theme areas, follows.

DISCUSSION

Theme/Subtheme	Participant Comments (i.e., Concerns, Issues, and Suggestions)
Hospitalization & Out-of-County Placements	<ul style="list-style-type: none"> • The Mendocino County Board of Supervisors approves contracts to pay for out-of-county placements. How do we start community resources so we don't send clients out of county? • At risk of being pound foolish. Saving dollars by avoiding out-of-county placements; people don't get help until problems are very severe. • Prevent hospitalizations whenever possible. • Adult Mental Health staff reduce hospitalizations, provide community support, bring out-of-county home. • Written comment: Use inpatient services as briefly as can be appropriate.
In-County Hospitalization & Psych Beds	<ul style="list-style-type: none"> • Community may not be aware of opportunities to develop services locally. Money is contracted out-of-county. Makes sense to develop services close to home. • Written comment: Provide services in county as much as possible. • There are Mental Health crisis services in the Emergency Room at the Coast Hospital. The reduction from 49 to 25 beds did not create space for other purposes. The hospital is stretched to provide services. Would like to find a way to do more. • How many Mental Health crisis patients/year? How long does crisis response take? A: There are 2 crisis beds on the coast, and are used frequently. • 3-4 rooms at the old PHF would be a good start.

Theme/Subtheme	Participant Comments (i.e., Concerns, Issues, and Suggestions)
	<ul style="list-style-type: none"> • 30% of crisis clients are not eligible for MediCal and are more expensive for the County to serve. • Beds, medical care, counseling – need 24/7; now have 3 rooms with beds (after PHF closed) countywide. Any talk about reinstating? A: A valuable model and a priority! There a funding restrictions. • County could have applied for licenses to allow clients to stay more than 23 hours. • We are looking at 30-day crisis residential with community access to psychiatric care for adults (MHSA capital facilities).
Emergency Room & Crisis Response	<ul style="list-style-type: none"> • Mental Health staff cuts have had negative effects on law enforcement; it takes more police time to stay with a client in the Emergency Room; hospitals are not equipped. (Comment is also listed under Law Enforcement.) • Limited on call staff for after hours crisis response. • Limited crisis response from Mental Health creates burden for Emergency Room, law enforcement, and other medical staff. (Comment is also listed under Law Enforcement.) • Emergency Room protocol being developed with Mental Health and Red House involvement. Local treatment and stabilization to prevent hospitalization.
Law Enforcement: Crisis Response Criminal Justice System / Mental Health Court	<p data-bbox="477 1020 667 1052">Crisis Response</p> <ul style="list-style-type: none"> • Mental Health staff cuts have had negative effects on law enforcement; it takes more police time to stay with a client in the Emergency Room; hospitals are not equipped. • Limited crisis response from Mental Health creates burden for Emergency Room, law enforcement, and other medical staff. • Police provide emergency intervention when issues are severe. Criteria for 5150 = gravely disabled. • Communication between Mental Health and police has improved by leaps and bounds over the last 18 months. <p data-bbox="477 1423 1036 1455">Criminal Justice System / Mental Health Court</p> <ul style="list-style-type: none"> • Incarceration is not the policy for clients with mental illness. What are the other options? A: Reduce numbers of mentally ill clients in jail and provide case management for clients.
Housing Residential Programs (Supported Living) – Housing First Model	<p data-bbox="477 1587 1235 1619">Residential Programs (Supported Living) – Housing First Model</p> <ul style="list-style-type: none"> • Ukiah Park Board and Care brings 8-10 clients home; how to transition clients to independent living? • Master Leasing – focus on Ukiah to start. • Transition from Board and Care to independent living with wrap-around services, i.e., case management and in-home support. • Frees up realignment dollars for other projects (e.g., coastal).

Theme/Subtheme	Participant Comments (i.e., Concerns, Issues, and Suggestions)
	<ul style="list-style-type: none"> • Housing limitations prevent clients from receiving appropriate level of service. • Case management – supported housing – request for proposal for Mental Health Services Act funding. Applicants are being evaluated – to be approved as soon as possible. • Community Development Commission – integrate housing with their projects and each community’s housing development commission. • “Housing First” Model is successful because clients have home base to receive services. • Watching for funding to pilot Housing First Model. • Written comment: We need a transitional, residential treatment facility on the coast. Crisis center – grant writers.
Drop-In / Recovery Center	<ul style="list-style-type: none"> • What is the Red House? A: A Drop-in Center that is also developing as a Recovery Center for clients. It provides a variety of resources and selection of activities, including peer support, a nutrition program and art. It operates Monday through Thursday, 9 a.m. to 3 p.m. • How many clients participate? A: 150/month, often multiple contacts. • No cost to participants; need to have open Mental Health charts and an active plan.
Homeless Services, Homeless Shelter & Outreach to Homeless	<p>Homeless Services</p> <ul style="list-style-type: none"> • Dramatic rise in coastal homelessness. Funding allocations are not equitable. This disparity will be addressed in future allocations. • Homeless Report to the Mendocino County Board of Supervisors indicated a dramatic rise in the number of homeless on the coast; less of funding allocation to coast services. Would like to see an outcome of equitable funding for coast and be creative in order to provide services. • Partners include Safe Passage and Coast Community Center (funding comes through UCC). • Limited resources for homeless clients or people with drug/alcohol issues or Mental Health clients in crisis impacts other resources. <p>Homeless Shelter</p> <ul style="list-style-type: none"> • Homeless Prevention and Rapid Rehousing Program (HPRRP). <p>Outreach To Homeless</p> <ul style="list-style-type: none"> • How does Mental Health outreach to homeless clients? Are there new ideas in how to provide treatment to this population? A: MHSA focuses on outreach through the Red House, community outreach in Fort Bragg through advocacy and support, case conferencing with staff to coordinate support, and the homeless population is known to the staff. • Coordinate with Hospitality House, one outreach worker on the coast.
Co-occurring Issues – Integration of MH & AOD	<ul style="list-style-type: none"> • Dual diagnosis issues for homeless. • Integration of alcohol and other drug program services and Mental

Theme/Subtheme	Participant Comments (i.e., Concerns, Issues, and Suggestions)
	<p>Health? A: The System of Care is focusing on integration through case conferencing and weekly planning meetings. There is a substance abuse counselor on the coast and in Willits. 80% of referrals to AODP come from the criminal justice system. Funding reductions have resulted in staff cuts. Are looking at co-location of AODP/ Mental Health on the coast. There is a waiting list for services.</p> <ul style="list-style-type: none"> • Coordinate with courts and jail to provide Mental Health /AODP services to prevent recidivism. • High rate of Mental Health /AODP issues – increased recidivism.
Legislative Advocacy	<ul style="list-style-type: none"> • Limited Mendocino County presence in state legislation. Need advocates; a collaborative group to speak for the county. General Government Committee of the Board of Supervisors (BOS) focuses on priority topics and the BOS writes letters of support. • How can BOS and advocates be more vocal and effective? A: Face to face important; legislators need to see who we are. • We do have policy groups for various populations (e.g., children, older adults).
Other Issues / Miscellaneous:	<ul style="list-style-type: none"> • Coastal services sometimes not available due to limited numbers. Need same models as inland; customized for local needs. Need partners to brainstorm this, e.g., Innovation with schools for children’s services. • Resources for kids are more plentiful. Treatment plans can be customized. IACMT can coordinate resources. • Parent advocate for Fort Bragg Unified School District – middle school students, not recognized in elementary school as having a mental illness. Numbers are increasing. • What are we doing to rehabilitate youth before they become adults (at risk of homelessness)? A: Parent partners are helpful in connecting families to services. They work with schools and families. Mental Health will provide training on recognizing early symptoms, especially in schools; the goal of early intervention. • NAMI - peer to peer education module – difficult to get young adults (18-25). Would be good to offer on the coast and inland; 9-week course;; 8-10 peers needed for class to train. • CSOC is willing to work for the individual child – not necessary for whole classroom to get services (IACMT). • Parent Advocate for Fort Bragg Unified School District - TAY successful inland; program needed on the coast; CSOC rely on parent partners for outreach for families; would like to see something at least equal to what is provided in Ukiah • Media campaign pending to get information out to be able to recognize symptoms, seek care, identify needs, get support. • How do we/the County express to the community that things with mental health are not okay – we need to pull together?

Theme/Subtheme	Participant Comments (i.e., Concerns, Issues, and Suggestions)
Verbal & Written Comments: What would you like to see happen next?	<ul style="list-style-type: none"> • Steps being taken in response to consumer/family input. Maybe these steps need to be more public, but this voice is being heard by the County. • Is it being heard by community? Who can be spokesperson for the County? Mental Health leadership frequently changes; can the county supervisor be this voice? • Written suggestion: Give stipends to businesses for vocational rehab and training on how to work with people who have mental illness. <ul style="list-style-type: none"> • Written suggestion: Weekly newsletter, published in local papers educating the public regarding what the community faces in this crisis. • Written suggestion: Go to Washington, D.C. • Written suggestion: Create a Think and Plan Group. • Written suggestion: Given reduced money and staff, why not convene a small group of family members and patients/clients with extensive direct experience with how County Mental Health operates, and someone from Mental Health with direct experience with patients. Together, they can brainstorm a bare bones mental health service delivery system that includes State-mandated crisis care. There is a concern that Mental Health management, without the experience of direct service to patients, will choose to just do less of what you've been doing. Since the 2004 closing of the 24/7 Crisis Services Center (CSC) with beds, medical treatment and counseling, Mendocino County Mental Health has chosen to engage in End-State (for a person that is suicidal or homicidal) Crisis Care only. The 24/7 CSC helped people in Early-State Crisis when relapses can be stopped and reversed, and not escalate to the point that a person feels suicidal or homicidal. This is more humane, cheaper for the county, and it reduces the burden on our Emergency Rooms, Jail and Law Enforcement personnel. PLEASE CONSIDER THE FOLLOWING: <ol style="list-style-type: none"> 1. Reinstate the 24/7 Crisis Services Center with beds, medical treatment and counseling. Use Mental Health /Public Health/Social Services realignment money and take this off the top before you give it to the County General Fund and to multiple community groups. 2. Create Open Mental Health Clinics on at least half of every day a psychiatrist or mid-level practitioner is in a Mental Health office. The purpose would be to write prescriptions, make medication adjustments, answer medical questions, and make referrals. Mendocino Coast Clinic (MCC) operates successful Open Clinics that can be replicated. MediCal can be billed and, if necessary, some realignment money can be used. 3. Create Acute Detox Support Programs for people of all ages with a dual diagnosis (mental illness and substance use disorder). This can be done throughout the County partnering with Public Health's Alcohol and Other Drug Programs and the clinics. This would be the beginning of a truly integrated treatment program for people with a dual diagnosis. Use MHSA Innovation money. 4. Initiate Community Mental Health education and begin organizing Self

Theme/Subtheme	Participant Comments (i.e., Concerns, Issues, and Suggestions)
	<p data-bbox="526 233 1406 331">Help Support Groups in each community, one for patients/clients and one for family members. Use MHSA Prevention and Early Intervention money.</p> <p data-bbox="526 348 1406 590">5. Integrate Mental Health and Public Health direct services to patients as much as possible. Train Public Health nurses to identify and treat people with severe mental illnesses (depression, bipolar disorder, schizophrenia, suicidal symptoms). When mental health is treated as a normal part of the health care experience, more people will have access to care, and stigma will begin to disappear. Use Realignment money and/or MHSA money.</p> <ul data-bbox="488 606 1406 676" style="list-style-type: none"> <li data-bbox="488 606 1406 676">• Written comment: A worst management practice has 2 managers sharing the same job – Susan and Mary.

NEXT STEPS

The results of this forum, combined with the results of the other forums, will be analyzed for commonalities or themes. This information will be used as the basis for agreeing on changes to the delivery of mental health services.

Appendix C

MENTAL HEALTH COMMUNITY FORUM – CALPELLA

Wednesday, December 9, 2009 – Consolidated Tribal Health Project

BACKGROUND AND METHODOLOGY

This Community Forum was one of four forums conducted in Mendocino County during December 2009 at the request of the Mendocino County Board of Supervisors. The agenda included a presentation of the current fiscal situation facing mental health services, the steps already being taken to mitigate the financial deficit within Mental Health Services, mandated services, and services currently being provided countywide. The discussion focused on addressing participant questions and identifying other options to support the recovery of mental health clients in the community. More than 30 individuals – representing city government, clinics, the medical community, mental health service providers, community-based organizations, consumers, and family members – participated in the Calpella Community Forum. A summary of the issues, concerns and suggestions shared during the discussion, analyzed into theme areas, follows.

DISCUSSION

Theme/Subtheme	Participant Comments (i.e., Concerns, Issues, and Suggestions)
Hospitalization & Out-of-County Placements	<ul style="list-style-type: none"> • Can we do more to prevent crises / out of county placements? A: We could be doing a better job with case management and stabilizing clients. • Full Service Partnerships (FSP), 50% + of CSS Funds, 10-15/Case manager, pays case manager salary and for client wraparound services to maintain client independence. Definition of FSP? A: Patient driven; individualized. Arrangement between client and Mental Health – Mental Health “does what it takes” to help client reach recovery goals. Mental Health coordinates with other agencies. • Everyone being moved home from out-of-county placement is offered an FSP slot. Estimated population with severe and persistent mental illness? A: 15% of population. • Mental illness is not something you can “pull yourself out of.” Community needs to be educated on the prevalence and the recovery process. • How do we measure whether it makes more sense to invest dollars on prevention and early intervention rather than working at crisis point? How do we know how many dollars we save by treating problems early or preventing them? This is unseen. • What support is available to patients after discharge from the hospital? A: Bridge Team – budget cuts – reduced to one staff. Coordination with Crisis staff to plan supports for patients returning home. • Article in paper regarding psych hospital in Santa Rosa – opportunity for

Theme/Subtheme	Participant Comments (i.e., Concerns, Issues, and Suggestions)
	<p>us to be proactive in developing that facility/system – developing a system on Recovery Principles.</p> <ul style="list-style-type: none"> • Still some confusion / lack of information on new facility in Santa Rosa. Know little about actual facility. Is there counseling available at Buddy Eller Center? A: Not at this time. 65% homeless on coast claim mental health illness and are not on MediCal – no services. It costs Mental Health more to not offer basic services for mental illness and have to deal with crisis (out of county placement, etc.). • Would be more cost effective to offer stabilization services. • MCHC on Laws Ave. has Mental Health staff on site in Ukiah and Willits (and Lake Co.); has a van that travels to BEC; is working on a telepsych program with clinics on coast; has a sliding fee if no MediCal or CMSP; based on ability to pay and not turned away if cannot pay; County has contracts with MCHC to provide services; a great partnership. • MCHC currently has 30% Adult Mental Health Recovery System (AMHRS) clients non-MediCal; are serving non MediCal clients. • What are the health standards at mental health? Healthy vending machine options are needed. People shouldn't be smoking. • (Consumer experience) Schizophrenia diagnosis, overly medicated, caused another mental illness. Systems of care need to collaborate with existing services to provide quality care. Work together rather than against each other. • Important to maintain lines of communication between Mental Health and community agencies, e.g., how to refer into FSPs? UCC has clients needing an FSP slot. • What other services are available? A: WET plan activities may help – training for partner staff. • Used to have Mental Health presence at BEC (Joe Barnett). It may be an opportunity for Peer Support components to fill this gap. • Addressing first break, Prevention and Early Intervention (PEI) FSP for TAY (young adults) housing, case management, Mental Health services. • PEI Plan ready to go to the state; hope PEI services will roll out next year. • Adult case management numbers – target population? Seriously mentally ill; serious and persistent mentally ill. • How long are these clients on case management? As long as needed; no time-line as long as they are acute and working in Step Down Program.
In-County Hospitalization & Psych Beds	<ul style="list-style-type: none"> • Ray Hino, MCDH, has been involved with this project and having a psych bed on the coast – Adult Mental Health Recovery System in dialogue with MCDH and HMH regarding this. • Has the County had a crisis intervention team in the past working with C.E? A: Mental Health has crisis staff inland and on coast and contract with FSP; trained in 5150 response and able to do 5150 assessments.

Theme/Subtheme	Participant Comments (i.e., Concerns, Issues, and Suggestions)
Law Enforcement: Criminal Justice System / Mental Health Court First Responder Training	<p data-bbox="477 233 1036 258">Criminal Justice System / Mental Health Court</p> <ul data-bbox="488 275 1411 779" style="list-style-type: none"> • \$250,000 of Sheriff’s annual budget goes for psychiatric services (staff and medications). • Less than 10% of jail inmates are seriously mentally ill. (This number has been going down.) • Working with law enforcement. 10% of inmate population nationally has mental illness. • Mendocino County Sheriff’s Office is partner with us in working effectively with mental illness; Dr. Rosoff is working in the jail. • Understanding that initial assessment in jail is made by un-trained correction staff/law enforcement. • Written comment: Lack of county general funds for mental health and then paying more to Sheriff to house mentally ill, which is not appropriate. <hr/> <p data-bbox="477 800 773 825">First Responder Training</p> <ul data-bbox="488 842 1411 1339" style="list-style-type: none"> • Ukiah Police Department (UPD) was interested in Crisis Training during early MHSA planning; no follow through, it didn’t come together. Crisis Training still needed. Maybe peer support can help. May avoid incarceration. • Suggest cross training law enforcement/corrections staff in mental health illness identification; lead to savings. • Pursue First Responder Training/Correctional Staff Training, it may be cost effective. • Crisis Intervention Team; a pre-booking process that may be able to triage mental health to better services than incarceration. • Now planning First Responder Training; a top priority by the Workforce Education & Training group. Peer support should participate in dialogue to design training with law enforcement.
Housing Residential Programs (Supported Living) – Housing First Model Independent Living	<p data-bbox="477 1350 1235 1375">Residential Programs (Supported Living) – Housing First Model</p> <ul data-bbox="488 1392 1411 1461" style="list-style-type: none"> • Written comment: Why can’t the “rapid re-housing” program be used to prevent the mentally-ill offender from reoffending just to get a bed? <hr/> <p data-bbox="477 1476 711 1501">Independent Living</p> <ul data-bbox="488 1518 1411 1587" style="list-style-type: none"> • Written comment: The clients I see need safe, affordable housing – and supports.
Peer Support / Volunteers	<ul data-bbox="488 1640 1411 1864" style="list-style-type: none"> • Investing in peer support was a risk. Benefits are long-term. Hospitalizations were prevented (anecdotal evidence). • When community members are educated/experienced with mental illness there is better support, less stigma for clients in recovery. • Written comment: Peer support recovery hours. Provide incentive money to Manzanita to develop Voc Rehab program; increase dual

Theme/Subtheme	Participant Comments (i.e., Concerns, Issues, and Suggestions)
Drop-In / Recovery Center	<p>diagnosis services.</p> <ul style="list-style-type: none"> • Manzanita is very interested in taking in Voc Rehab Program. Are there innovation funds available to support this? • Carol Orton offered guidance from Pinoleville Voc Rehab to Carol Mordhorst. • Warm-line? A: Volunteers; use peer support. Is in MHSA plan but haven't been able to get to it yet. • Monique shared story of great case manager service provided by Joy Kinion – kudos! • Need volunteers to keep shelter open longer in the morning. Manzanita – can volunteers open it before 10:00 a.m. (e.g., 9:30 a.m.)?
Homeless Services, Homeless Shelter & Outreach to Homeless	<p>Homeless Services</p> <ul style="list-style-type: none"> • Nov 25 Ukiah Daily Journal letter – Homelessness and mental illness often go hand-in-hand. Mental illness can be created by homelessness. Night time crisis response – on-call only. • Connection between mental illness and homelessness; can confuse the issue. <p>Homeless Shelter</p> <ul style="list-style-type: none"> • Buddy Eller Center – have to be out at 7:45 a.m. • No smoking in institutions. • Need more options for where homeless people can go when shelter is closed. Need community members to help. <p>Outreach To Homeless</p> <ul style="list-style-type: none"> • HOPE (Homeless Outreach Program Expansion) Team, serves non-medical clients (Robb Henderson – one of the case managers, works at MCHC).
Discrimination & Stigma	<ul style="list-style-type: none"> • MHSA Stigma reduction. • State dollars available to help with awareness. De-stigmatization plan now available. • Written comment: more public awareness, forums, educational training with residents and citizens!
Other Issues / Miscellaneous:	<ul style="list-style-type: none"> • Are patients segregated by age (<25, 25+)? A: TAY – Transitional Age Youth – have specialized services, e.g., Arbor on Main. • Analysis to see where we get the “best bang for the buck” – compare costs effectiveness of interventions (peer support, volunteer program, crisis line, etc.). • ASOC MHSA Work Group (invite Mary from Plowshares). • Analysis of effective interventions. • Limited funding, need more services, need productive activities, need volunteers. • Job Coaching through WET Plan? A: WET Plan includes scholarships and

Theme/Subtheme	Participant Comments (i.e., Concerns, Issues, and Suggestions)
	<p>training component, flexible on what priorities are.</p> <ul style="list-style-type: none"> • People receiving services, trained to provide services. • What did we lose through Mental Health Voc Rehab? Is this being replaced? A: Lost on-the-job training. It is challenging to work with clients with serious mental illness. Goal of program = employment. We need to target services to clients with SMI. • FSPs – how many? A: 18 – TAY, 87 – Adults (may include older adults), approximately 60 enrolled. • Written comment: Lack of coordination in the “system of care.” How do we bridge the gaps? Primary focus on crisis and down-stream rather than prevention. I understand about lack of money, but I think we could do better. • Written comments: concerned about serving the non-identified, underserved and non-served populations.
<p>Verbal & Written Comments: What would you like to see happen next?</p>	<ul style="list-style-type: none"> • Written comment: More brainstorming around particular issues – with all involved providers – with a focus on solutions to filling the gaps. Mental Health has sequential meetings rather than collaborative convenings, where we roll up our sleeves, work together on an equal level. • Written comment: Continued dialogue!

NEXT STEPS

The results of this forum, combined with the results of the other forums, will be analyzed for commonalities or themes. This information will be used as the basis for agreeing on changes to the delivery of mental health services.

Appendix D

MENTAL HEALTH COMMUNITY FORUM – GUALALA

Thursday, December 10, 2009 – Gualala Community Center

BACKGROUND AND METHODOLOGY

This Community Forum was one of four forums conducted in Mendocino County during December 2009 at the request of the Mendocino County Board of Supervisors. The agenda included a presentation of the current fiscal situation facing mental health services, the steps already being taken to mitigate the financial deficit within Mental Health Services, mandated services, and services currently being provided countywide. The discussion focused on addressing participant questions and identifying other options to support the recovery of mental health clients in the community. A total of 13 individuals – representing mental health service providers, community-based organizations, consumers, and family members – participated in the Gualala Community Forum. A summary of the issues, concerns and suggestions shared during the discussion, analyzed into theme areas, follows.

DISCUSSION

Theme/Subtheme	Participant Comments (i.e., Concerns, Issues, and Suggestions)
In-County Hospitalization & Psych Beds	<ul style="list-style-type: none"> • Zoning that allows placements in specific areas of the county. • Zoning allows 6-bed facilities, some issues in Ukiah. Different for different areas of the county.
Law Enforcement: Other Training	<p>Other Training</p> <ul style="list-style-type: none"> • What training is included and for whom in WET? Can hospice be included? Can volunteers be included? • Training for doctors and pharmacists – go where they are to provide training.
Peer Support / Volunteers	<ul style="list-style-type: none"> • Need for senior peer counseling? A: Yes (Judy Frazier contact). • Check with RCMS regarding their hospice service capacity. Forward information to RCMS regarding OASOC. • Senior – individual alternative work? • Need caregiver support / respite. • Services needed for youth. • NAMI – Peer to Peer Support Training on South Coast. • Pfizer Institute – Nutrition and mental illness.
Drop-In / Recovery Center	<ul style="list-style-type: none"> • Can Senior Center be hub for receipt of wellness services? • Coordinated grant applications.
Discrimination & Stigma	<ul style="list-style-type: none"> • New website – wellness on the coast.com. Link to county website? • Shifting from diagnosis to prevention – de-stigmatization.

Theme/Subtheme	Participant Comments (i.e., Concerns, Issues, and Suggestions)
Co-occurring Issues – Integration of MH & AOD	<ul style="list-style-type: none"> • Integrating mind/body heart/soul – eliminating columns. • “Recovery in the community” - coastal practitioners offer many alternative interventions. • RCMS without AOD certification. • Substance Abuse Forums – January on South Coast; contact Action Network.
Other Issues / Miscellaneous:	<ul style="list-style-type: none"> • Utilize Action Network for information / resource sharing on South Coast. • Work with local family resource center to look for grants for alternatives, prevention, treatment and recovery. • Need to update local resource directory. • \$500,000 interest owed is on county books. • Elderly depressed client benefitting from alternative intervention • Marriage Family Therapist (MFT)/Licensed Clinical Social Worker (LCSW) x 5. • Use private resources, better – foundations. • Mendocino County Youth Project, North Coast Opportunities, FIRST 5 Mendocino: How can we work with them? • Written comment: This was good. I really knew very little about you and [how we might coordinate].
Verbal & Written Comments: What would you like to see happen next?	<ul style="list-style-type: none"> • More meetings like this to share resource information.

NEXT STEPS

The results of this forum, combined with the results of the other forums, will be analyzed for commonalities or themes. This information will be used as the basis for agreeing on changes to the delivery of mental health services.



Mendocino County Mental Health Community Forum Findings

For more information, contact:

**Mendocino County Health & Human Services Agency
Adult & Older Adult System of Care**

P.O. Box 1060 · Ukiah, California 95482

Phone: (707) 463-7900 · Fax: (707) 463-7804

Children & Family System of Care

860 N. Bush St. · Ukiah, California 95482

Phone: (707) 463-7990 · Fax: (707) 463-7804

For additional copies of this report visit www.co.mendocino.ca.us/hhsa

